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Elmhurst Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 15 March 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team that we were inspecting the practice. They did not provide any information about this practice.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this practice was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Background

Elmhurst Dental Practice is in Harbourne, Birmingham and provides NHS and private treatment to patients of all ages.

There is ramped access to the practice from the rear car park for people who use wheelchairs and pushchairs. Car parking spaces are available at the rear of the practice.

The dental team includes three dentists, three dental nurses, two dental hygienists, a practice manager (who is also a registered dental nurse) and two receptionists (one is also a registered dental nurse). The practice has five treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 33 CQC comment cards filled in by patients and spoke with one other patient. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, three dental nurses (including the practice manager), one dental hygienist and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: 9am to 5.30pm Monday, Wednesday and Thursday, 9am to 5pm Friday with late night opening on Tuesday from 9am to 7pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

We found that this practice was providing safe care in accordance with the relevant regulations.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

Are services effective?

No action

We found that this practice was providing effective care in accordance with the relevant regulations.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

Are services caring?

No action

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from 34 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, friendly and caring. They said that they were given thorough, detailed explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

Staff described the methods they used to protect patients' privacy, however we saw that one dental treatment room door was left open when the patient was with the dentist and another room did not have a door. Staff spoken with were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action

We found that this practice was providing responsive care in accordance with the relevant regulations.

Summary of findings

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had arrangements to help patients with sight or hearing loss. One staff member spoke Punjabi and we were told that if necessary the practice would access either telephone or face to face interpreter services.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

No action 

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, cleary written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

A significant event policy was available to guide staff regarding significant event analysis. We saw that a recent significant event had been discussed at a practice meeting on 14 February 2017.

Accident reporting books were available and we saw that the date of the last accident reported was 29 April 2010. The practice's health and safety policy recorded information regarding reporting accidents and the Reporting of incidents, diseases and dangerous occurrence regulations (RIDDOR).

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Detailed policies and procedures and other information was available for staff about identifying, reporting and dealing with suspected abuse. Staff had signed documentation to confirm that they had read and understood these policies. Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances.

We saw evidence that staff received safeguarding training. This included both on-line training and attendance at external training courses. Staff knew about the signs and symptoms of abuse and how to report concerns. A dental nurse was the safeguarding lead at the practice and staff spoken with were aware that they should speak with this person if they had any suspicions of abuse.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment including oxygen and an automated external defibrillator (AED) (a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm), was available. We saw records to demonstrate that checks were made on emergency equipment including the oxygen and the AED to ensure that they were in good working order.

Emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice were available. All emergency medicines were appropriately stored and we were told that these were checked on a weekly basis to ensure they were within date for safe use. We saw that the arrangements for dealing with medical emergencies were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF).

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment files. These showed the practice followed their recruitment procedure.

We saw that Disclosure and Barring Service checks (DBS) were in place and we were told that these had been completed for all staff. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

No action

Are services safe?

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. For example, fire, sharps injury, radiation and risk assessment regarding pregnant mothers. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

We discussed fire safety with the practice manager and looked at the practice's fire risk assessment which had been completed in December 2014 and reviewed on an annual basis. We saw that there was a designated fire exit at the end of the decontamination room. This door was locked at the time of this inspection and would therefore not be accessible as a fire exit. The practice manager confirmed that they would obtain advice regarding this from external professionals.

Documentation was available to demonstrate that fire extinguishers had been subject to routine maintenance by external professionals on 13 January 2017 and a fire safety service contract certificate of conformity was available dated January 2017. Staff were completing fire drills on a regular basis during practice meetings and records were available to demonstrate this. Staff had signed documentation to confirm that they had read and understood fire safety policies. Records were available to demonstrate that fire policies were checked and updated on a regular basis by the practice manager.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

We were told that plans had been developed for the refurbishment of the decontamination room and works in this area should commence April 2017. We identified some issues which would present an infection control risk. For example carpet flooring and the location of the compressor in the decontamination room. We were told that these issues would be addressed during the refurbishment. The practice had some arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05 although we identified some issues for action. For example we saw that following sterilisation instruments were pouched and date stamped, however some pouches had not been sealed correctly and were open to air contamination. [FA1]We were[SD2] told that these instruments would be put through the decontamination process again and re-pouched before use. The practice did not use disposable matrix bands. A matrix band is a thin metal strip that is positioned around the tooth during placement of certain fillings, they can be very sharp and so the use of disposable bands mitigates the risk involved in changing the bands. We were told that the band holder was being sterilised and then an unsterile band was being placed onto the band holder. These were then placed un-pouched in a drawer within the range for bacterial aerosol contamination.

Records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits at least twice a year. We were shown the audit score sheets of the last audit complete in January 2017 which identified that the practice achieved 97% compliance.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The risk assessment was completed by an external professional in 2011 and subject to annual review by staff at the practice. We saw evidence to demonstrate that action had been taken to address issues identified. For example monitoring water temperatures on a regular basis. We saw evidence that staff had completed legionella training during 2015 or 2016. The risk assessment suggested that a further assessment should be undertaken if there were any changes to the practice building. We discussed the need to consider a further risk assessment when the changes were made to the decontamination room.

We were not shown cleaning schedules for the premises. However we saw that a monthly cleaning audit took place.

No action

Are services safe?

The practice followed the national colour coding scheme for cleaning materials and equipment in dental premises The practice was clean when we inspected and patients confirmed the standards of cleanliness were excellent.

Equipment and medicines

The practice had maintenance contracts for essential equipment including X-ray machines and equipment used during the decontamination process. Records seen demonstrated the dates on which the equipment had recently been serviced. For example that latest radiological inspection of X-ray equipment was November 2015 and autoclaves were serviced in March 2017. Staff carried out checks in line with the manufacturers' recommendations.

We saw records to demonstrate that portable electrical appliances tests (PAT) had been completed on an annual basis by the principal dentist. However we were not shown evidence of training to demonstrate that this person was competent to complete this task. There was no evidence that the equipment used during PAT testing had been calibrated recently.

We saw that the practice had a supply of Glucagon. Glucagon is an emergency medicine used to treat people with diabetes who have low blood sugar. This medicine can be either stored in a refrigerator or at room temperature. If stored at room temperature the use by date should be reduced. The practice Glucagon was stored in the emergency medicines kit. The expiry date had been reduced by 12 months and not 18. This was amended during the inspection and it was noted that the Glucagon was still within its expiry date.

The practice had suitable systems for prescribing, dispensing and storing medicines. Including details of stock control and rotation systems.

The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

Two of the treatment rooms had an intra-oral X-ray machine which can take an image of a few teeth at a time. However we saw that the X-rays sets did not have rectangular collimation. The National Radiological Protection Board Guidance notes for dental practitioners on the safe use of X-ray equipment recommends that rectangular collimation be retro-fitted to existing equipment (where this is not already available) at the earliest opportunity.

We were not shown evidence to demonstrate that radiological quality assurance systems in place for each dentist were robust. For example quality assurance records for two dentists were dated January 2015 and no further information was available.

Clinical staff completed continuous professional development in respect of dental radiography and records were available to demonstrate this.

No action

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with the principal dentist and we were shown dental care records to illustrate our findings.

The practice kept detailed dental care records. We were told that following discussions and update of medical history records an examination of the patient's teeth, gums and soft tissues was completed in line with recognised guidance from the Faculty of General Dental Practice (FGDP). During this assessment dentists looked for any signs of mouth cancer. Details of the condition of the teeth and the gums using the basic periodontal examination (BPE) scores were recorded. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). Scores over a certain amount would trigger further, more detailed testing and treatment.

We were told patients were recalled on an individual risk based assessment in line with current guidance. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records. In addition, the dentists told us they discussed patients' lifestyle and behaviour, this was recorded in the patients' dental care records.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Staff told us the dentists would always provide oral hygiene advice to patients where appropriate or refer to the hygienist for a more detailed treatment plan and advice. One dental nurse was in the process of completing an oral health course. This nurse confirmed that they always gave advice regarding diet, alcohol and also smoking cessation as appropriate. Leaflets were given to patients regarding the local smoking cessation clinic if applicable. Stops smoking information and health promotion leaflets were available in the waiting room

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

A dental nurse worked with the dentists when they treated patients. We were told that dental hygienists worked without chairside support. We spoke with the hygienist who confirmed that dental nurses usually provided support with the decontamination of dental instruments and could assist the hygienist if more detailed treatments were to be provided.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. The practice had a consent policy and information for staff regarding MCA including the five key principles of the MCA.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists

No action

Are services effective?

(for example, treatment is effective)

told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The dentist was familiar with the concept of Gillick competency and clear about involving children in decision making and ensuring their wishes were respected regarding treatment. Gillick competency assesses whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment.

No action

Are services caring?

Our findings

Respect, dignity, compassion and empathy

The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. A television was playing in the waiting area which helped to distract anxious patients and also maintain confidentiality at the reception area as conversations would be difficult to hear. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it. Computers were password protected and regularly backed up to secure storage. If computers were ever left unattended they would be locked to ensure confidential details remained secure. There was a sufficient amount of staff to ensure that the reception desk was staffed at all times.

We were told that privacy and confidentiality were maintained for patients who used the service. Treatment rooms were situated off the waiting area. Music was played in the treatment rooms; this helped to distract anxious patients. However, we saw that not all treatment room doors were closed at all times when patients were with the dentist. We also saw that there was no door on one treatment room. It was identified that conversations could be heard in the neighbouring treatment room. We spoke with the staff member who worked in this room about how they maintained confidentiality whilst having discussions with patients.

Patients commented positively that staff were caring, competent and efficient. We saw that staff treated patients in a kind, respectful manner and were helpful, discreet and respectful to patients when interacting with them on the telephone and in the reception area. Reception staff chatted with patients whilst they waited to see the dentist. We were told that the majority of staff had worked at the practice for many years and knew patients well. Patients provided positive feedback about the practice on comment cards which were completed prior to our inspection.

Comment cards recorded that where patients were anxious they were made to feel relaxed and at ease. Staff said that they took their time and talked to anxious patients to try and relax them. We observed staff were friendly and appeared to have a good relationship with patients taking their time to chat. There was a relaxed, friendly atmosphere at the practice.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. We were told that staff took their time to fully explain treatment, options, risks and fees. Patients also commented that they were a partner in their care; they were always listened to and given lots of information and advice. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them.

Information about private costs was available in the waiting area for patients to review.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available. These included general dentistry and treatments for gum disease and more complex treatment such as porcelain veneers.

No action

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and we found the facilities were appropriate for the services that were planned and delivered.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access to the rear of the building, a ground floor treatment room, a hearing loop and accessible toilet with hand rails and a call bell.

Staff said they had not used translation services at the practice but had contact details for this service if required. The receptionist was able to converse with Punjabi speaking patients if required. The practice had not used British Sign Language and did not provide information in braille but we were told that this could be arranged as needed.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website. The practice was open each morning at 9am and closed at 5.30pm on Monday, Wednesday and Thursday, 5pm on Friday and late night opening was provided until 7pm on Tuesday.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept some appointments free for same day appointments. They took part in an emergency on-call arrangement for private patients when the practice was closed during the evening Monday to Friday and contracted with another service to provider emergency cover during the weekend. The answerphone message provided telephone numbers for patients needing emergency dental treatment when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Staff had signed documentation to confirm that they had read and understood this policy. A separate code of practice for complaints – information for patients was available. This gave the practice's contact details for patients who wanted to make a complaint and also included South Birmingham Patient Advise and Liaison Service and the Parliamentary and Health Service Ombudsman. Patients were able to contact these organisations if they were not satisfied with the way the practice dealt with their concerns.

The practice manager was responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response. The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

We looked at comments, compliments and complaints the practice received. We saw that the practice had received one complaint in January 2016 and were shown documentation regarding this. The practice had responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

No action

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. The practice's complaint policy requires staff to always offer an apology to people who wish to make a complaint.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Staff told us that they were confident to raise issues or concerns and felt that they were listened to and issues were acted upon appropriately. Staff told us there was an open, no blame culture at the practice. Staff were aware that the practice had a whistle blowing policy which detailed ways in which staff could raise concerns about the behaviour or practises of a colleague

Staff confirmed that openness was encouraged and they would not hesitate in reporting poor practice or discussing issues of concern with the management team.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records (November 2016), X-rays (January 2017) and infection prevention and control (January 2017). They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so. We saw copies of training certificates that demonstrated staff had completed training for topics such as health and safety, confidentiality, equality and diversity, decontamination and the mental capacity act.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used a suggestions box, patient surveys and the Friends and Family Test (FFT) to obtain patients' views about the service. The FFT surveys that we saw recorded positive comments and the large majority recorded that they were extremely likely to recommend the practice. The NHS Choices website records that 100% of the eleven people who responded would recommend the practice. The FFT is a national programme to allow patients to provide feedback on the services provided.

Patients were able to contact the practice via their website to leave comments or ask questions. The practice also had a twitter and Facebook account and provided information to patients via these.

Staff spoken with told us that patient feedback was always discussed during practice meetings. We looked at the minutes of the meeting held in March 2017 and saw that a discussion was held regarding patient feedback and the action taken by the practice regarding any suggestions or concerns raised.